

THE STATE HUMAN RELATIONS COMMISSION

STATE OF DELAWARE

INTAKE EQUAL ACCOMMODATION DISCRIMINATION COMPLAINT

| | | |
|--|---|---|
| 1. Name of aggrieved person or organization (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.) | | Home Phone: () Bus. Phone: () |
| Street Address (city, county, State and zip code) | | |
| Name of Contact Person (last name, first name, middle initial) (Mr. , Mrs., Miss, Ms.) | | Home Phone: () Bus. Phone: () |
| Street Address (City, County, State, and Zip Code) | | |
| 2. Against whom is this complaint being filed? Name (last name, first name, middle initial) | | Home Phone: () Bus. Phone: () |
| Street Address (city, county, State and zip code) | | |
| Name and identify others (if any) you believe violated the law in this case: | | |
| 3. What did the person against whom the complaint was filed do? Check all that apply and give the most recent date these act (s) occurred in block No. 6b below. | | |
| <input type="checkbox"/> Were you refused, withheld or denied accommodations, facilities, advantages or privileges of a place of public accommodations? <hr/> <input type="checkbox"/> Did the person against whom the complaint was filed, directly or indirectly publish, issue, circulate, post or display any radio communication, notice or advertising indicating that public accommodation in the classes listed in block No. 4 below is not welcomed, desired or solicited? <hr/> <input type="checkbox"/> Did someone assist, induce or coerce another person to commit any discriminatory public accommodations practice prohibited by the Equal Accommodations law? | | |
| 4. Do you believe that you were discriminated against because of your race, color, age, disability, marital status, national origin, creed? Check all that apply: | | |
| <input type="checkbox"/> Race or Color <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other | <input type="checkbox"/> Age <input type="checkbox"/> (specify) | <input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <input type="checkbox"/> Disability <input type="checkbox"/> Physical <input type="checkbox"/> Mental | <input type="checkbox"/> Marital Status <input type="checkbox"/> (specify) | <input type="checkbox"/> National Origin <input type="checkbox"/> (specify) |
| <input type="checkbox"/> Creed <input type="checkbox"/> (specify) | | |
| 5. What kind of business establishment or facility was involved? <input type="checkbox"/> Restaurant <input type="checkbox"/> Department Store <input type="checkbox"/> Bank <input type="checkbox"/> Supermarket <input type="checkbox"/> Other (Specify) _____ | | 5b. Do you wish to utilize the goods, products or services of this facility? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> |
| 6a. Summarize in your own words what happened. Use this space for a brief and concise statement of facts (who, what, when, where, how). Additional details may be submitted on an attachment. | | |
| 6b. When did the act (s) checked in Item 3 occur? (Include the most recent date if several dates are involved) | | |
| 7. How did you find out about the Division of Human Relations? | | |
| Signature and Date: | | |
| Form Created 11/29/00 (SP)/ Revised 8-6-04 | | |